

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CAB	612	7-29
O.I.P.E. CLASSIFIER	BB	71530	5-11
FORMALITY REVIEW	OB	48	5/14/96
		68195	5-28-96

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
Final	6
Original	5
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Claim	Date
Final	6
Original	8
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If more than 150 claims or 10 actions  
staple additional sheet here

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